

 <div style="text-align: center;"> Environmental Protection Agency United States Washington, DC 20460 </div>	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide – Section I

1. Company/Product Number Gruhn Mill Crop Solutions, LLC/92694-6	2. EPA Product Manager J. Herrick	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Gruhn Mill Crop Solutions, LLC/Bifenthrin Technical MUP	PM# 3	
5. Name and Address of Applicant (include ZIP Code) Gruhn Mill Crop Solutions, LLC c/o Pyxis Regulatory Consulting Inc. 4110 136 th St. Ct. NW Gig Harbor, WA 98332		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input checked="" type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> “Me Too” Application. <input type="checkbox"/> Other – Explain below.
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Explanation: Use additional page(s) if necessary. (For Section I and Section II.)

Amendment to add an unregistered source of active ingredient. This amendment falls under PRIA Category R351 (64: Amendment adding a new unregistered source of active ingredient). The fee which has been paid is \$14,583.

Section - III

1. Material This Product Will Be Packaged In:													
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) drum with plastic liner, bulk super sacks										
* Certification must be submitted		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If “Yes” Unit Packaging wgt.</td> <td style="width: 50%;">No. per container</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	If “Yes” Unit Packaging wgt.	No. per container	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If “Yes” Package wgt.</td> <td style="width: 50%;">No. per container</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	If “Yes” Package wgt.	No. per container	_____	_____		
If “Yes” Unit Packaging wgt.	No. per container												
_____	_____												
If “Yes” Package wgt.	No. per container												
_____	_____												
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 55 lb (25kg), 77 lb (35 kg), and 240 lb (120 kg)		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product									
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Other stick back label <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled													

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Ailis Gregory	Title Regulatory Consultant	Telephone No. (Include Area Code) (253) 853-7369	
<div style="text-align: center;">Certification</div> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <div style="text-align: center;">(Stamped)</div>
2. Signature 		3. Title Regulatory Consultant	
4. Typed Name Ailis Gregory		5. Date Jan. 18, 2022	